

# Gift to Agency Report

# A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> Managed Risk Medical Insurance Board		Date Stamp	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) Benefits & Quality Monitoring Division			
Street Address 1000 G Street, Suite 450, Sacramento, CA			
Area Code/Phone Number (916) 327-8243	E-mail LHerrera@mrmib.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Laurie Herrera, Filing Officer			

## 2. Donor Name and Address

<input type="checkbox"/> Individual _____ Last Name First Name		<input checked="" type="checkbox"/> Other Center for Health Improvement Name	
1017 L Street, #766		Sacramento	
CA		95814	
Address		City State Zip Code	

A non-profit organization dedicated to improving population health and encouraging healthy behaviors.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

## 3. Payment Information

Date and Amount of Payment (other than travel) 6/26/2012 \$ 1,285.00  
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Washington D.C.

<u>6/24 - 26/2012</u>	\$ <u>307.70</u>	\$ <u>512.96</u>	\$ <u>76.00</u>	\$ <u>388.11</u>	\$ <u>1,284.77</u>
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

To attend the 2012 National Medicaid - CHIP State Dental Association (MSDA) Oral Health Symposium in Washington, D.C. The focus of the conference was on improving quality measurement in the Medicaid and CHIP oral health care delivery system.

Identify the officials for whom the payment was used:

<u>Watanabe</u>	<u>Mary</u>	<u>Staff Services Manager I</u>	<u>Benefits &amp; Quality</u>
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division

## 4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

<u>Teresa Krumfor</u>	<u>Teresa Krum</u>	<u>Chief Deputy Director</u>	<u>7/2/2012</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information.)